

Application Information

Application Type:: Regular
Subject Matter:: Utility
Title:: AZITHROMYCIN DOSAGE FORMS WITH REDUCED
SIDE EFFECTS
Attorney Docket Number:: **PC25240A**
Suggested Drawing Figure::
Total Drawing Sheets:: 3

Inventor Information

Inventor Authority Type:: INVENTOR
Primary Citizenship Country:: US
Given Name:: Timothy A.
Family Name:: Hagen
City of Residence:: East Lyme
State or Prov of Residence:: CT
Country of Residence:: US
Street:: 309 Boston Post Road
City:: East Lyme
State or Province:: CT
Postal or Zip Code:: 06333
Inventor Authority Type:: INVENTOR
Primary Citizenship Country:: US
Given Name:: Julian B.
Family Name:: Lo
City of Residence:: Old Lyme
State or Prov of Residence:: CT
Country of Residence:: US
Street:: 20 Stagecoach Road
City:: Old Lyme
State or Province:: CT
Postal or Zip Code:: 06371
Inventor Authority Type:: INVENTOR
Primary Citizenship Country:: US
Given Name:: Avinash G.
Family Name:: Thombre
City of Residence:: East Lyme
State or Prov of Residence:: CT
Country of Residence:: US

EXPRESS MAIL NO. EV271824045 US

Street::	15 Mackinnon Place
City::	East Lyme
State or Province::	CT
Postal or Zip Code::	06333
Inventor Authority Type::	INVENTOR
Primary Citizenship Country::	US
Given Name::	Scott M.
Family Name::	Herbig
City of Residence::	East Lyme
State or Prov of Residence::	CT
Country of Residence::	US
Street::	39 Heritage Road
City::	East Lyme
State or Province::	CT
Postal or Zip Code::	06333
Inventor Authority Type::	INVENTOR
Primary Citizenship Country::	US
Given Name::	Leah Elizabeth
Family Name::	Appel
City of Residence::	Bend
State or Prov of Residence::	OR
Country of Residence::	US
Street::	4051 Northcliff Drive
City::	Bend
State or Province::	OR
Postal or Zip Code::	97701
Inventor Authority Type::	INVENTOR
Primary Citizenship Country::	US
Given Name::	Marshall David
Family Name::	Crew
City of Residence::	Bend
State or Prov of Residence::	OR
Country of Residence::	US
Street::	1986 NE Purser Lane
City::	Bend
State or Province::	OR
Postal or Zip Code::	97701

Application Data Sheet

Inventor Authority Type::	INVENTOR
Primary Citizenship Country::	US
Given Name::	Dwayne Thomas
Family Name::	Friesen
City of Residence::	Bend
State or Prov of Residence::	OR
Country of Residence::	US
Street::	60779 Currant Way
City::	Bend
State or Province::	OR
Postal or Zip Code::	97702
Inventor Authority Type::	INVENTOR
Primary Citizenship Country::	US
Given Name::	David Keith
Family Name::	Lyon
City of Residence::	Bend
State or Prov of Residence::	OR
Country of Residence::	US
Street::	20448 Klahani Drive
City::	Bend
State or Province::	OR
Postal or Zip Code::	97702
Inventor Authority Type::	INVENTOR
Primary Citizenship Country::	US
Given Name::	Scott Baldwin
Family Name::	McCray
City of Residence::	Bend
State or Prov of Residence::	OR
Country of Residence::	US
Street::	63415 Saddleback
City::	Bend
State or Province::	OR
Postal or Zip Code::	97701
Inventor Authority Type::	INVENTOR
Primary Citizenship Country::	US
Given Name::	James Blair
Family Name::	West
City of Residence::	Bend
State or Prov of Residence::	OR
Country of Residence::	US

Street:: 1511 NW Jacksonville Avenue

City:: Bend

State or Province:: OR

Postal or Zip Code:: 97701

Correspondence Information

Correspondence Customer Number:: 28523

Representative Information

Representative Customer Number:: 28523

Assignee Information

Assignee Name:: Pfizer Inc

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Non Prov of Prov	60/527,084	12/04/03